

APPENDIX “B”

- ! BAM Paid Claims Claimant
Questionnaire
- ! Denials Monetary Claimant
Questionnaire
- ! Denials Separations Claimant
Questionnaire
- ! Denials Nonseparations Claimant
Questionnaire

**UNEMPLOYMENT INSURANCE: BENEFITS ACCURACY MEASUREMENT
CLAIMANT QUESTIONNAIRE**

Batch # _____

Please answer the following questions as accurately as possible. If you do not know the answer, leave it blank. The interviewer will discuss it with you later. If you need help, please ask. Please print clearly. Your answers will be used to determine if your unemployment insurance benefits were paid properly. This information will be verified.

<p>1. Name (First, Middle, Last)</p> <hr/> <p>2. If you are also known by another name, enter it here: (First, Middle, Last)</p> <hr/> <p>3. Social Security Number</p> <hr/> <p>4. Street Address Apt Number</p> <p>City State Zip</p> <hr/> <p>5. Mailing Address (if different)</p> <hr/> <p>6. If you have moved since you first filed for unemployment benefits on _____, enter your address when you first filed:</p> <hr/> <p>7. Telephone Number (include area code)</p> <hr/> <p>8. Date of Birth (MO-DAY-YEAR)</p> <hr/> <p>9. Gender: Male Female</p> <hr/> <p>10. Ethnic Group - Indicate by selecting one of the following: Not Hispanic or Latino Hispanic or Latino Ethnicity Unknown</p>	<p>11. Race - Indicate by selecting one or more of the following: White Black or African-American Asian American Indian or Alaska Native Native Hawaiian or other Pacific Islander Race Unknown</p> <hr/> <p>12. US Citizen? Yes No If No, Alien Registration # _____</p> <hr/> <p>13. Highest level of education completed (circle one) Grade School - 0 1 2 3 4 5 6 7 8 High School - 9 10 11 12 Some College Associate Degree BA/BS Graduate School</p> <p>Major Field of Study: _____</p> <hr/> <p>14. Have you had Vocational or Technical School training? Yes No Type of Certificate _____</p> <hr/> <p>15. Select the days of the week you usually work. SUN MON TUES WED THURS FRI SAT</p> <hr/> <p>16. Select the days of the week you are willing and able to work. SUN MON TUES WED THURS FRI SAT</p> <hr/> <p>17. What hours or shifts do you usually work?</p> <hr/> <p>18. What hours are you willing and able to work on a job? FROM _____ am TO _____ pm OR FROM _____ pm TO _____ am</p> <hr/> <p>19. Which shifts are you willing and able to work on a job? (Check all that apply) 1ST Shift - Day 2ND Shift - Swing 3RD Shift - Night Other Shift - Including Rotation</p>
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<p>20. What are your main job duties at your usual work?</p>		<p>23. Do you expect to be called back to work by any past employer?</p> <p style="text-align: right;">Yes No</p>
<p>21. What is your normal wage for the work you usually do?</p> <p>\$ _____ per _____ (hour, week, etc.)</p>		<p>If Yes, have you received a recall notice? Yes No</p> <p>– when did you receive it? _____</p> <p>– when do you report back to work? _____</p>
<p>22. What is the lowest rate of pay you will accept for a job?</p> <p>\$ _____ per _____ (hour, week, etc.)</p>		<p>Name & Address of employer:</p>

WORK SEARCH

The next group of questions ask about your efforts to find work. Some of these questions will refer to a specific week, called “**THE WEEK**”. “**THE WEEK**” is the week that began on _____ and ended on _____.

Please keep these dates in mind when answering the questions about “**THE WEEK**”.

<p>24. How many miles are you willing to travel one-way daily to a job? _____ miles</p>	<p>31. During THE WEEK, did the Job Service refer you to any jobs? Yes No</p>
<p>25. How many minutes or hours are you willing to travel one-way daily to a job? _____</p>	<p>32. What were the results of these referrals?</p>
<p>26. Do you have a valid driver's license? Yes No</p>	<p>33. Have you registered with a private employment agency since you first filed for unemployment benefits on _____? Yes No</p>
<p>27. By what means do you normally travel to look for work? (Check all that apply)</p> <p>personally owned vehicle borrow a vehicle ride with friends or relatives public transportation other (specify) _____</p>	<p>If Yes, when did you register with the agency? _____</p> <p>Name of agency: _____</p> <p>Address: _____ Street _____/_____/_____ City State Zip</p> <p>Agency phone number: _____</p>
<p>28. Would a job have to last a certain period of time before you would accept it? Yes No</p> <p>If Yes, explain _____ _____</p>	<p>During THE WEEK, did the agency refer you to any jobs? Yes No</p> <p>If Yes, to how many jobs were you referred? _____</p> <p>What were the results of these referrals?</p>
<p>29. What is the type of work you are looking for?</p> <p>a. _____ b. _____</p> <p>What is the length and type of experience you have in this occupation? a. _____ b. _____</p>	
<p>30. Have you registered with the Job Service to find work since you first filed for unemployment benefits on _____? Yes No</p>	

"**THE WEEK**" is the week that began on _____ and ended on _____.

34. During **THE WEEK**, were you an active member of a union?

Yes No

If Yes, complete the following:

a. Union name: _____

b. Local number: _____

c. Address: _____

Street

City / State / Zip

Phone number: _____

d. Is your union a local hiring hall? Yes No

e. Whom do you contact at the local?

Name: _____

f. Do you get work **ONLY** through the union?

Yes No

g. Will you accept a non-union job? Yes No

h. During **THE WEEK**, were you eligible to be referred to jobs by the union?

Yes No

If No, explain: _____

i. During **THE WEEK**, were you on the out-of-work list?

Yes No

If Yes, when was the last time you signed the list?

If No, explain: _____

j. During **THE WEEK**, how many jobs were you referred to by the union?

l. What were the results of these referrals?

35. During **THE WEEK**, were you attending school or enrolled in a training program?

Yes No

If Yes, complete the following:

a. Name of school or training program:

b. Address:

Street

City / State / Zip

Phone number: _____

c. Is the schooling or training related either to the type of work you usually do or the type of work you are seeking?

Yes No

36. During **THE WEEK**, did you have any health problem, handicap or disability that limited your ability to do your usual work or to look for work?

Yes No

If Yes, explain:

37. During **THE WEEK**, did you have any dependent(s) or other person(s) for whom you provided care during your normal working hours?

Yes No

If No, go to question 38.

If Yes, was there some other person or place available to provide care?

Yes No

If Yes, complete the following about the care provider:

Name

Street Address

City / State / Zip

Phone number: _____

38. During **THE WEEK**, was there any day(s) that you were **NOT** available for work?

Yes No

If Yes, list the day(s) and reason(s) you were **NOT** available:

"THE WEEK" is the week that began on _____ and ended on _____.

39. During **THE WEEK**, was there any reason that you could **NOT** accept full-time work?

Yes No

If Yes, explain:

41. During **THE WEEK**, did you need any special licenses or certificates to do the type of work you are seeking?

Yes No

If Yes, did you have the license or certificate needed?

Yes No

40. During **THE WEEK**, were you an officer of a corporation, union, or other organization?

Yes No

If Yes, give name of organization and office held.

What kind of license or certificate is it?

When does it expire? _____

WORK SEARCH CONTACTS

Complete the following information for the job contacts you made during **THE WEEK**. If you had more than three job contacts, the interviewer will give you another worksheet. List all job contacts you made during **THE WEEK**, including those with unions, private employment agencies, and the State Job Service.

1. Employer Name:	Contact Date:	Method of Contact:
Address:	Employer Phone (include area code)	Application taken? Yes No Resume submitted? Yes No
City / State / Zip	Type of work applied for:	Was a job offered? Yes No
2. Employer Name:	Contact Date:	Method of Contact:
Address:	Employer Phone (include area code)	Application taken? Yes No Resume submitted? Yes No
City / State / Zip	Type of work applied for:	Was a job offered? Yes No
3. Employer Name:	Contact Date:	Method of Contact:
Address:	Employer Phone (include area code)	Application taken? Yes No Resume submitted? Yes No
City / State / Zip	Type of work applied for:	Was a job offered? Yes No

"THE WEEK" is the week that began on _____ and ended on _____.

43. During **THE WEEK**, did you get **any** job offers either from the contacts you listed in question 42 or from contacts you made in previous weeks?

Yes No

If Yes, did you accept any jobs offered to you?

Yes No

If No, why not?

If Yes, complete the following:

a. Date you accepted the offer:

b. Date you began or will begin work:

c. Name of employer:

d. Address: _____

Street

City

State

Zip

Phone number: _____

44. During **THE WEEK**, did you do work of any kind?

Yes No

If Yes, a. what type of work did you do?

b. Days and times worked:

c. Name of employer: _____

d. Address: _____

Street

City

State

Zip

Phone number: _____

e. Reason no longer employed:

45a. Check all of the following sources of income you had during **THE WEEK**, excluding unemployment compensation, and list the amount you received from each source for **THE WEEK**, even if you were paid at some other time.

None - - - -> (If None, go to Question 46b)

Wages \$ _____

Earnings from self-employment or contract labor

\$ _____

Commission Payments \$ _____

Reserve or National Guard Pay \$ _____

Separation or Severance Pay \$ _____

Holiday Pay \$ _____

Wages in Lieu of Notice \$ _____

Vacation Pay \$ _____

Tips or Gratuities \$ _____

Workers Compensation \$ _____

Disability Payments \$ _____

(Do not include Social Security or Veteran's Benefits)

Other (Specify) \$ _____

45b. During **THE WEEK**, were you entitled to any Social Security, pension, or retirement fund payments?

Yes No

If No - - - -> (Go to Question 46)

If Yes, give the amount you received:

Social Security \$ _____

Veterans Benefits \$ _____

Railroad Retirement \$ _____

Federal Civil Service Retirement \$ _____

U.S. Military Retirement \$ _____

State/Local Government Retirement \$ _____

Private Employer or Union Pension \$ _____

Other (Specify)

<p>46. Did you receive information about your unemployment benefits, right, and responsibilities when you first filed for benefits?</p> <p style="text-align: right;">Yes No</p> <p>If Yes, how was this information given to you? (Check all that apply)</p> <p>In-person (individual) interview</p> <p>Group interview</p> <p>Booklet or Pamphlet</p> <p>Slides, Movie, or Video</p> <p>Other (Specify)</p>		<p>47. Have you had any problems with your unemployment claim?</p> <p style="text-align: right;">Yes No</p> <p>If Yes, explain:</p>
		<p>48. Do you have any questions to ask about your unemployment claim or about your responsibilities and rights as an unemployment insurance claimant?</p> <p style="text-align: right;">Yes No</p> <p>If Yes, explain:</p>

I have understood the questions on this form and I have answered them truthfully to the best of my knowledge. I know my answers will be used to determine if my unemployment insurance benefits were paid properly. I know the law provides penalties for false statements made to obtain benefits. I also know that my answers will be verified.

_____	_____
Claimant's Signature	Date Signed
_____	_____
Interviewer's Signature	Date Signed

**DENIED CLAIMS ACCURACY
CLAIMANT QUESTIONNAIRE - *MONETARY***

Batch # _____

Please answer the following questions as accurately as possible. If you do not know the answer, leave it blank. The interviewer will discuss it with you later. If you need help, please ask. Please **PRINT** clearly. Your answers will be used to determine if the decision to deny your unemployment insurance benefits was proper. This information will be verified.

<p>1. Name (First, Middle, Last)</p>	<p>11. Race - Indicate by selecting one or more of the following: White Black or African-American Asian American Indian or Alaska Native Native Hawaiian or other Pacific Islander Race Unknown</p>
<p>2. If you are also known by another name, enter it here: (First, Middle, Last)</p>	<p>12. US Citizen? Yes No If No, Alien Registration # _____</p>
<p>3. Social Security Number</p>	<p>13. Highest level of education completed (circle one) Grade School - 0 1 2 3 4 5 6 7 8 High School - 9 10 11 12 Some College Associate Degree BA/BS Graduate School</p>
<p>4. Street Address Apt Number</p> <p>City State Zip</p>	<p>Major Field of Study: _____</p>
<p>5. Mailing Address (if different)</p>	<p>14. Have you had Vocational or Technical School training? Yes No Type of Certificate _____</p>
<p>6. If you have moved since you first filed for unemployment benefits on _____, enter your address when you first filed:</p>	<p>15. Are you currently enrolled in school or training? Yes No</p>
<p>7. Telephone Number (include area code)</p>	<p>16. What is your usual occupation?</p>
<p>8. Date of Birth (MO-DAY-YEAR)</p>	<p>17. What type of work are you looking for? Years / Months experience in this type of work:</p>
<p>9. Gender: Male Female</p>	<p>18. What is the lowest rate of pay you will accept for a job? \$_____ per _____ (hour, week, etc.)</p>
<p>10. Ethnic Group - Indicate by selecting one of the following: Not Hispanic or Latino Hispanic or Latino Ethnicity Unknown</p>	<p>19. Do you need any special licenses or certificates to do the type of work you are looking for? Yes No</p>

20. Did you receive information about your unemployment benefits, right, and responsibilities when you first filed for benefits?

Yes No

If Yes, how was this information given to you?
(Check all that apply)

In-person (individual) interview

Group interview

Booklet or Pamphlet

Slides, Movie, or Video

Other (Specify)

21. During **THE DENIAL PERIOD**, were you entitled to any Social Security, pension, or retirement fund payments?

Yes No

If Yes, give the amount you received:

Social Security \$ _____

Veterans Benefits \$ _____

Railroad Retirement \$ _____

State/Local Government Retirement \$ _____

Private Employer or Union Pension \$ _____

Other (Specify)

I have understood the questions on this form and I have answered them truthfully to the best of my knowledge. I know my answers will be used to determine if my unemployment insurance benefits were properly denied. I know the law provides penalties for false statements made to obtain benefits. I also know that my answers will be verified.

Claimant's Signature

Date Signed

Interviewer's Signature

Date Signed

Prior Employment - Please provide the following information about your jobs prior to filing your most recent claim for unemployment. Begin with your **most recent employer and work back to** _____
MO / DAY / YEAR

	Most Recent	2 nd Most Recent	3 rd Most Recent	4 th Most Recent
a. Employer Name Address				
b. Name of Supervisor				
c. Address / Location of Job Site				
d. Phone Number of Employer				
e. Type of Business (Manufacturing, etc.)				
f. Last Day Worked	_____ MO / DAY / YEAR	_____ MO / DAY / YEAR	_____ MO / DAY / YEAR	_____ MO / DAY / YEAR
g. Length of Employment	____ Days ____ Months ____ Years	____ Days ____ Months ____ Years	____ Days ____ Months ____ Years	____ Days ____ Months ____ Years
h. Your Job Title				
i. Your Usual Wages On This Job				
j. Reason for Separation (Check block that indicates why you are no longer working for this employer.)	Laid off, RIF Discharged Quit or Retired Labor Dispute Other (specify) _____	Laid off, RIF Discharged Quit or Retired Labor Dispute Other (specify) _____	Laid off, RIF Discharged Quit or Retired Labor Dispute Other (specify) _____	Laid off, RIF Discharged Quit or Retired Labor Dispute Other (specify) _____

DENIED CLAIMS ACCURACY: SEPARATION ISSUE CLAIMANT QUESTIONNAIRE

Please answer the following questions as accurately as possible. If you do not know the answer, leave it blank. The interviewer will discuss it with you later. If you need help, please ask. Please Print clearly. Your answers will be used to determine if the decision to deny your unemployment insurance benefits was proper. This information will be verified.

<p>1. Name (First, Middle, Last)</p> <hr/> <p>2. Social Security Number</p> <hr/> <p>3. Street Address Apt Number</p> <hr/> <p>4. City State Zip</p> <hr/> <p>5. Mailing Address (if different)</p> <hr/> <p>6. Telephone Number (include area code)</p> <hr/> <p>7. Date of Birth (MO-DAY-YEAR)</p> <hr/> <p>8. Gender: Male Female</p> <hr/> <p>9. Ethnic Group - Indicate by selecting one of the following:</p> <p style="padding-left: 40px;">Not Hispanic or Latino Hispanic or Latino Ethnicity Unknown</p> <hr/> <p>10. Race - Indicate by selecting one or more of the following:</p> <p style="padding-left: 40px;">White Black or African-American Asian American Indian or Alaska Native Native Hawaiian or other Pacific Islander Race Unknown</p> <hr/> <p>11. US Citizen? Yes No</p> <p>If No, Alien Registration # _____</p> <hr/> <p>12. Highest level of education completed: (circle one)</p> <p>Grade School - 0 1 2 3 4 5 6 7 8</p> <p>High School - 9 10 11 12</p> <p style="padding-left: 40px;">Some College Associate Degree BA/BS Graduate School</p> <p>Major Field of Study:</p> <p>_____</p>	<p>13. Have you had Vocational or Technical School training?</p> <p style="padding-left: 40px;">Yes No Type of Certificate _____</p> <hr/> <p>14. Are you currently enrolled in training? Yes No</p> <hr/> <p>15. What is your usual occupation?</p> <hr/> <p>16. What type of work are you looking for?</p> <hr/> <p>Years / Months experience in this type of work?</p> <hr/> <p>17. What is the lowest rate of pay you will accept per hour?</p> <p>\$ _____</p> <hr/> <p>18. Do you need any special licenses or certificates to do the type of work you are looking for?</p> <p style="text-align: right;">Yes No</p> <hr/> <p>19. Did you receive information about your unemployment benefits, rights, and responsibilities when you first filed for benefits?</p> <p style="text-align: right;">Yes No</p> <p>If Yes, check all that apply:</p> <p style="padding-left: 20px;">In-person interview</p> <p style="padding-left: 20px;">Group interview</p> <p style="padding-left: 20px;">Booklet</p> <p style="padding-left: 20px;">Movie or video</p>
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NON MONETARY SEPARATION INFORMATION

20. Reason for Separation (Check block that Indicates why
you are no longer working for this employer.)

Laid off, RIF
Discharged
Quit or Retired
Labor Dispute
Other (specify)

21. Between the last day you worked for _____ and the time
you filed for unemployment benefits on _____, did you work for any other employer?

Yes No

If Yes, Name of Employer _____

Address _____

City / State / Zip Code _____

Area Code and Phone Number _____

I have understood the questions on this form and I have answered them truthfully to the best of my knowledge. I know my answers will be used to determine if the decision to deny unemployment benefits was proper. I know the law provides penalties for false statements made to obtain benefits. I also know that my answers will be verified.

Claimant's Signature

Date Signed

Interviewer's Signature

Date Signed

DENIED CLAIMS ACCURACY: NONSEPARATION ISSUE CLAIMANT QUESTIONNAIRE

Please answer the following questions as accurately as possible. If you do not know the answer, leave it blank. The interviewer will discuss it with you later. If you need help, please ask. Please PRINT clearly. Your answers will be used to determine if the decision to deny your unemployment insurance benefits was proper. This information will be verified.

1. Name (First, Middle, Last)	13. Have you had Vocational or Technical School training? Yes No Type of Certificate _____
2. Social Security Number	14. Are you currently enrolled in training? Yes No
3. Street Address Apt Number	15. What is your usual occupation?
4. City State Zip	16. What type of work are you looking for? _____ Years / Months experience in this type of work? _____
5. Mailing Address (if different)	17. What is the lowest rate of pay you will accept per hour? \$ _____
6. Telephone Number (include area code)	18. Do you need any special licenses or certificates to do the type of work you are looking for? Yes No
7. Date of Birth (MO-DAY-YEAR)	19. Did you receive information about your unemployment benefits, rights, and responsibilities when you first filed for benefits? Yes No
8. Gender: Male Female	If Yes, check all that apply: In- person interview Group interview Booklet Movie or video
9. Ethnic Group - Indicate by selecting one of the following: Not Hispanic or Latino Hispanic or Latino Ethnicity Unknown	
10. Race - Indicate by selecting one or more of the following: White Black or African-American Asian American Indian or Alaska Native Native Hawaiian or other Pacific Islander Race Unknown	
11. US Citizen? Yes No If No, Alien Registration # _____	
12. Highest level of education completed: (circle one) Grade School - 0 1 2 3 4 5 6 7 8 High School - 9 10 11 12 Some College Associate Degree BA / BS Graduate School Major Field of Study: _____	

NONMONETARY NONSEPARATION INFORMATION, PAGE 2

20. Do you expect to be called back to work by any past employer?
Yes No

21. Are you entitled to any pension or retirement pay, including Social Security?
Yes No

If Yes, \$ _____ per _____

Name of Employer: _____

22. Have you registered with Job Service since filing for benefits on _____? Yes No

If Yes, Date: _____ Number of Referrals _____

23. Have you registered with a private employment agency since you filed for benefits on _____? Yes No

If Yes, Number of Referrals _____

24. Are you a member of a Union? Yes No

25. Did you actively seek work during the week of _____? Yes No

If Yes, complete the following:

1. Employer Name:	Contact Date:	Method of Contact:
Address:	Employer Phone (include area code)	Application taken? Yes No Resume submitted? Yes No
City / State / Zip	Type of work applied for:	Was a job offered? Yes No
2. Employer Name:	Contact Date:	Method of Contact:
Address:	Employer Phone (include area code)	Application taken? Yes No Resume submitted? Yes No
City / State / Zip	Type of work applied for:	Was a job offered? Yes No
3. Employer Name:	Contact Date:	Method of Contact:
Address:	Employer Phone (include area code)	Application taken? Yes No Resume submitted? Yes No
City / State / Zip	Type of work applied for:	Was a job offered? Yes No

I have understood the questions on this form and I have answered them truthfully to the best of my knowledge. I know my answers will be used to determine if the decision to deny unemployment benefits was proper. I know the law provides penalties for false statements made to obtain benefits. I also know that my answers will be verified.

 Claimant's Signature

 Date Signed

 Interviewer's Signature

 Date Signed

Prior Employment - Please provide the following information about your jobs prior to filing your most recent claim for unemployment. Begin with your **most recent employer and work back to** _____
MO / DAY / YEAR

	Most Recent	2 nd Most Recent	3 rd Most Recent	4 th Most Recent
a. Employer Name Address				
b. Name of Supervisor				
c. Address / Location of Job Site				
d. Phone Number of Employer				
e. Type of Business (Manufacturing, etc.)				
f. Last Day Worked	_____ MO / DAY / YEAR	_____ MO / DAY / YEAR	_____ MO / DAY / YEAR	_____ MO / DAY / YEAR
g. Length of Employment	____ Days ____ Months ____ Years	____ Days ____ Months ____ Years	____ Days ____ Months ____ Years	____ Days ____ Months ____ Years
h. Your Job Title				
i. Your Usual Wages On This Job				
j. Reason for Separation (Check block that indicates why you are no longer working for this employer.)	Laid off, RIF Discharged Quit or Retired Labor Dispute Other (specify) _____	Laid off, RIF Discharged Quit or Retired Labor Dispute Other (specify) _____	Laid off, RIF Discharged Quit or Retired Labor Dispute Other (specify) _____	Laid off, RIF Discharged Quit or Retired Labor Dispute Other (specify) _____